

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36479

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. 72)

Registration District No. 388
Primary Registration District No. 120
General Hosp

File No. 130
Registered No. 130
St. St. Louis Ward

2. FULL NAME

Gertrude Shepard

(a) Residence, No. 4112 Street Forest Ward.

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30 1915</u>		
7. AGE	YEARS	MONTHS
	<u>18</u>	<u>7</u>
		<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Cecil Shepard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Pearl Wolfe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT <u>Deacon Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>St. Mark</u> DATE <u>Nov. 10 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u>		
20. FILED <u>Nov 9 1933</u> <u>M. Th. Burke</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-9-1933</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>11-7-1933</u> to <u>11-9-1933</u>
I last saw him alive on <u>11-9-1933</u> Death is said to have occurred on the date stated above, at <u>1:30 a.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Diabetes with uremia</u>
Date of onset <u>59</u>
Other contributory causes of importance <u>1312</u>
Name of operation <u>57</u>
Date of <u>57</u>
What test confirmed diagnosis? <u>Yes</u>
Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Yes</u> Date of injury <u>1933</u> Where did injury occur? <u>St. Louis</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>St. Louis</u>
Nature of injury <u>St. Louis</u>
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u>P. & De Maria</u> M. D. (Signed) <u>P. & De Maria</u> (Address) <u>St. Louis</u>

